

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30039

FILED SEP 24 1948

State File No. _____

Registration District No. 46

Primary Registration District No. 8026

Registrar's No. 276

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Mr. James Kiley
3. (b) If veteran, name war none
3. (c) Social Security No. 486-03-4080

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Jessie Kiley
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 11, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 0 28 br. min.

9. Birthplace Sweet Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor Duties

11. Industry or business Standard Oil Co.

12. Name Joseph, Kiley

13. Birthplace unknown, Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Anna McDonnell

15. Birthplace unknown, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Kiley

(b) Address RR 3, Independence, Mo.

17. (a) burial (b) Date thereof 9/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Indep. Mo.

18. (a) Signature of funeral director C. C. Carson

(b) Address Independence, Mo.

19. (a) 9-11-48 (b) James Kiley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. RR 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1948 hour 8:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from August 22 1948 to September 9 1948
that I last saw him alive on September 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

General Peritonitis 18 days

Due to Perforated & gangrenous ulcer 24 hr

Due to 117 B

Other conditions Perforated duodenal ulcer 24 hr.
(Include pregnancy within 3 months of death)

Major findings: Perforated & gangrenous ulcer

Of operations al ulcer

Of autopsy General peritonitis

Ulcer closed by sutures

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. H. Allen (M. D. or other) MD

Address Independence Date signed 9/11/48

PHYSICIAN

Underline the cause of death which should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 10 1945
JAN 10 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.